

The State of New Hampshire

JUDICIAL BRANCH - SUPERIOR COURT

IN THE MATTER OF: _____

FINANCIAL AFFIDAVIT OF _____

1. General Information	4. Monthly Income - Miscellaneous	
Street Address _____	AFDC, TANF, and Food Stamps	\$ _____
Town/City, State, Zip _____	Other Public Assistance	\$ _____
Mailing Address, if different _____	Children's Income	\$ _____
Date of Birth _____	Child Support	\$ _____
Social Security Number _____	5. Monthly Income Before Taxes	
Highest Grade or Degree Completed _____	Base Pay from Salary, Wages	\$ _____
Date of Marriage _____	Overtime and Shift Differential	\$ _____
Date of Separation or Divorce _____	Commissions, Tips, Bonuses	\$ _____
2. Children of the Parties (Full Name, DOB, and SSN)	Part-time Employment	\$ _____
_____	Self-employment	\$ _____
_____	Unemployment and Veteran's Benefits	\$ _____
_____	Disability, Workers' Compensation	\$ _____
_____	Pension and Retirement Benefits	\$ _____
3. Employment Information	Social Security Benefits (SSA)	\$ _____
Name, Address, and Phone Number of Employer _____	Interest and Dividends	\$ _____
_____	Trust and Other Investment Income	\$ _____
_____	Rental Income and Business Profits	\$ _____
Date and Place of Last Employment _____	All other sources	\$ _____
_____	_____	\$ _____
_____	<i>Total Section 5 Monthly Income</i>	
Job Skills _____	6. Monthly Expenses	
_____	Court Ordered Support for Others	\$ _____
_____	State Income Taxes	\$ _____
_____	Mandatory Pension	\$ _____
_____	Health Insurance for Parties' Children	\$ _____
_____	Day Care for Parties' Children	\$ _____

7. Assets	<i>Fair Market Value</i>	<i>Related Debt</i>	<i>Additional Information</i>
Homestead _____			
Other Real Estate _____			
Primary Motor Vehicle _____			
Other Motor Vehicles _____			
Furniture and Appliances _____			
Checking Accounts _____			
Investments _____			

Life Insurance _____
 Business Interests _____
 Pensions _____
 Retirement Accounts _____

8. Additional Assets - If you have an interest in any property which is held solely by or jointly with any other person or entity, and which has not already been disclosed, or if you are owed money from any source, please explain _____

9. Tax Return Information

Year of last return filed _____
 Single or joint return _____
 My Total W-2s and 1099s = \$ _____
☐ If Self-employed, check here and attach copy of most recent IRS Schedule C.

10. Insurance

Life
 Company _____
 Type and Face Amount _____
 Beneficiaries _____
Health
 Company _____
 Type _____
 Description of Coverage _____
Dental
 Company _____
 Description of Coverage _____

11. Debts

Who is debt owed to?	Who owes debt?	Balance

12. Retirement Plans

Plan or Account Name _____
 Type _____
 Most Recent Value _____
 Value at Filing _____
 If Defined Benefit, status of vesting and description of Benefit _____

13. Attachments: ☐ Pay Stub ☐ Monthly Expenses

☐ Schedule C ☐ Other (describe) _____
☐ Check here if Monthly Expenses form waived.

14. Additional Information _____

I swear (affirm) that:

- A. To the best of my knowledge and belief, I have fully disclosed all income and all assets having any substantial value; and
 B. I have reasonably estimated the fair market value of each asset; and
 C. I understand that I have a duty to update the information provided in this financial affidavit for each court hearing; and
 D. I understand that if a support order is issued in this case obligating me to pay support, it shall be my responsibility to immediately provide the Court with any change of address in writing. If I fail to do so, I may be held in default, found in contempt of court and a warrant may be issued for my arrest. (See USO Standing Order SO-4C.)

 Date

 Signature

State of New Hampshire
 County of _____

The person signing this financial affidavit appeared and signed this before me and took oath that the statements set forth in this Financial Affidavit, together with any attachments listed in section 13 above, are true to the best of his or her knowledge and belief.

 Date

 Notary Public / Justice of the Peace

I certify that a copy of this financial affidavit (and any attachments) was this day mailed / given to (lawyer for other side, if any) (other side, if no lawyer) (OCSE, if State is a party): _____

 Date

 Signature

Monthly Expenses

Case Number: _____

NOTE: Round all numbers to the nearest dollar. To convert weekly expenses to monthly, multiply by 4.33.

1. Housing

Rent \$ _____
Mortgage Payment \$ _____
Property Tax \$ _____
Condo Fee \$ _____
Home Maintenance \$ _____
Snow Removal and Lawn Care \$ _____
_____ \$ _____

2. Utilities

Heating Oil \$ _____
Wood and Coal \$ _____
Propane and Natural Gas \$ _____
Telephone \$ _____
Electricity \$ _____
Cable Television \$ _____
Water and Sewer \$ _____
Trash Collection \$ _____
_____ \$ _____

3. Insurance

Homeowner \$ _____
Renter \$ _____
Vehicle \$ _____
Health \$ _____
Dental \$ _____
Life \$ _____
Disability \$ _____

4. Uninsured Health Care

Medical \$ _____
Dental \$ _____
Orthodontics \$ _____
Eye Care/Glasses/Contacts \$ _____
Prescription Drugs \$ _____
Therapy and Counseling \$ _____
_____ \$ _____

5. Transportation

Primary Vehicle Payment \$ _____
Other Vehicle Payments \$ _____
Vehicle Maintenance \$ _____
Gas and Oil \$ _____
Registration and Tax \$ _____
_____ \$ _____
_____ \$ _____

6. General and Personal

Groceries \$ _____
Meals Eaten Out \$ _____
Tobacco/Alcohol Products \$ _____
Clothing and Shoes \$ _____
Hair Care \$ _____
Toiletries and Cosmetics \$ _____
Pet Food and Care \$ _____
Church and Charities \$ _____
Laundry and Dry Cleaning \$ _____
Gifts \$ _____
Newspapers and Magazines \$ _____
Education (personal) \$ _____
Dues and Memberships \$ _____
Vacations \$ _____
Entertainment and Recreation \$ _____
Visitation Expenses \$ _____
_____ \$ _____

7. Children's Expenses and Activities

Children's Clothing and Shoes \$ _____
Diapers \$ _____
Day Care \$ _____
School Supplies \$ _____
School Lunches \$ _____
Tuition and Lessons \$ _____
Sports and Camp \$ _____
_____ \$ _____

8. Financial

Federal Income Tax \$ _____
Social Security and Medicare \$ _____
Loan Payments \$ _____
Other Debts \$ _____
Savings \$ _____
401(k) \$ _____
IRA \$ _____
Other Retirement Plans \$ _____
_____ \$ _____
_____ \$ _____

9. Other Expenses

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____